



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

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MINUTES

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: October 21, 2014
9:00 a.m.

Carson City: Legislative Counsel Bureau
401 South Carson Street, Room 3138
Carson City, NV 89701

Las Vegas: Grant Sawyer Building
555 East Washington Avenue
Room 4412
Las Vegas, NV 89101

Elko: Great Basin College
Berg Hall Conference Room
1500 College Parkway
Elko, NV 89801

- I. Ms. Crandy called the meeting for the Commission on Autism Spectrum Disorders to order at 9:16 a.m.

Members Present: Jan Crandy, Mary Liveratti, Keri Altig, Korri Ward, Shannon Crozier

Guests: Julie Ostrovsky, Charles Marriott

Staff Present: Brook Aide, Julie Kotchevar, Carol Reitz

A quorum was declared.

- II. **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Ms. Ostrovsky shared with the Committee that the Youth and Transition Committee meetings went well. She said she is looking forward to seeing the report from the strategic planner and also in helping make the goals of the Committee a reality.

Ms. Crandy informed the Committee that Grant A Gift Autism Foundation is holding their fundraiser on October 24th. They will be raffling off a Mustang car and the odds are really good.

III. Approval of Minutes from June 10, 2014; June 20, 2014; July 1, 2014; July 11, 2014; September 12, 2014

Ms. Liveratti made a motion to pass the minutes as written for June 10, 2014; June 20, 2014 and July 1, 2014. Ms. Altig seconded the motion. The motion passed.

The minutes for September 12, 2014 were tabled until the next meeting.

IV. Presentation and Possible Vote of Behavior Analyst Certification Board Guidelines of Healthcare Plan Coverage of Applied Behavior Analysis Treatment of ASD

Charles Marriott, Autism Care West

Ms. Crandy said supporting the document and recommendations will help us with the changes to be made with the insurance mandate and the Board of Psychologist's recommendation on limiting the supervision of Board Certified Behavior Analysts (BCBA). She introduced Mr. Marriott.

Mr. Marriott said the guidelines put forth by Behavior Analysts Certification Board (BACB) on health plan coverage of ABA treatment is available online and is comprehensive. It is about 40-plus pages and gives an overview of Applied Behavior Analysis (ABA), autism spectrum disorder, and how treatments are effective. The guidelines are based on over 50 years of research done.

Mr. Marriott explained the treatment is provided directly to the client for a limited number of behavioral targets. There are a number of different programs which are individualized and vary between the hours. The number of ABA hours required for the programs does not include other professionals or family members working with the child.

Mr. Marriott stated there needs to be one to two hours of supervision for every ten hours of direct treatment which is the standard of care. It does not all have to be face-to-face supervision. It currently is not being met. He stated insurance companies need to understand the standard of care that needs to be met with the supervision of the direct treatment hours.

Ms. Liveratti asked how the one to two hours of supervision is provided if multiple interventionists are providing the direct service. Mr. Marriott said the one to two hours of supervision can be provided concurrently to the interventionists.

Ms. Crozier said the guidelines are not laying out a plan where there is only one monthly high-dose level of BCBA guidelines. The guidelines are broken down on a weekly ratio because it is intended to support in-home participation. Ms. Crandy said she would like to support the guidelines since the Board of Psychologists is attempting to pass limiting 14 staff per BCBA and the guidelines endorses levels of treatment dosage.

Ms. Ward asked if the document specifies there is no age limit. Ms. Crandy read from the document that says "ABA has been proven to be effective across the lifespan." Ms. Crandy also added that the document is nationally recognized.

Ms. Crozier made a motion to endorse the document and recommend it as the guidelines in Nevada. Ms. Ward seconded the motion. The motion passed.

- V. Presentation of the Department of Education on Teacher Licensure of Landscape of Issues Addressing Students with Autism Statewide and Possible Vote to Make Recommendations
Marva Cleven, State of Nevada Department of Education

Ms. Crozier informed the Committee that the language for the teacher licensure has not been finalized. The next hearing for the Department of Education will not take place until the spring of next year.

- VI. Discussion, Nominations and Possible Vote on New Chairperson
Jan Crandy, Chair

Ms. Crandy asked the Commission if there were any nominations for a new chairperson for the Commission. Ms. Liveratti asked if anyone else wanted to serve. Ms. Liveratti commended Ms. Crandy for her work as the chairperson. There were no nominations made.

- VII. Presentations from Aging and Disability Service Division (ADSD) on Autism Treatment Assistance Program, Brook Adie, ADSD
Nevada Early Intervention Services, Julie Kotchevar, ADSD

Ms. Kotchevar informed the Committee that she is the deputy administrator for the Aging and Disability Services Division (ADSD). She is the deputy over Early Intervention, Autism Treatment Assistance Program (ATAP), Fiscal and Information Technology (IT) and will be talking largely about the agency

request budget. She informed the Committee on how the budget process works.

The Nevada Executive Budget System (NEBS) 2020 will be for all of ADSD and will be posted on the website. It starts with a base that has been approved. It then adds on two sets of units that are called maintenance and enhancement. The growth of ATAP is a maintenance unit and the Medicaid State Amendment for behavioral services was a maintenance unit because it is a mandatory service. Legislature looks at eliminating enhancement units before considering maintenance units. ADSD was allowed to add a significant maintenance unit for ATAP. ATAP's budget for the current fiscal year is \$7 million.

Ms. Liveratti asked what the budget account numbers are for ATAP. Ms. Kotchevar said the account number is 3266. She has requested that ATAP be given its own account since it is currently part of the Home and Community Based Care budget. Some of the expenses tied to ATAP are buried in other areas with aging programs which makes it difficult to get an accurate cost for the program.

The maintenance decision unit requested an additional \$11.5 million in the first year and an additional \$20 million in the second year to bring the budget up close to \$25 million. This would permit service to 1290 children by the end of the biennium.

ADSD worked with the Director's Office economist to project the need for ATAP. Ms. Kotchevar discussed the chart that was created by the Director's Office. It shows that 60% were not Medicaid eligible and 40% were Medicaid eligible. Between the Medicaid State Plan Amendment and what is being requested for ATAP, there is a legitimate chance of serving the bulk of the people who would be seeking services through ATAP and not have a waitlist of over 500 people anymore.

Ms. Liveratti asked when the Medicaid service would be starting. Ms. Kotchevar answered that October 2015 is the date that went into the agency's request.

Ms. Kotchevar said an enhancement unit was requested to help fund the support of the Autism Commission. They have also asked for a Health Program Manager III to manage the program. They would also like to make the contracted care managers regular state employees.

Ms. Crandy asked if the changes would cost more money. Ms. Kotchevar said it costs slightly more. This allows ADSD to contribute to the retirement fund and decrease the turnover rate of the ATAP care managers. It would be a 10% increase over the cost of their salary.

There is a request for a computer system in budget accounts 3208 and 3151 of \$1.5 million which is not service dollars. The Early Intervention system does not have a case management system track which is currently needed. ATAP has been housed in Aging's computer system which has required support to get it to work for ATAP. ATAP, Early Intervention and Developmental Services need to be under a single computer system since they are transitional services. This will allow ADSD to look at data longitudinally as well as look at outcomes over time if they were all together.

Ms. Crandy asked if the legislators would ask about the money that ATAP was previously given. Ms. Kotchevar said the money would be requested for Developmental Services and Early Intervention and the ATAP system would be added to that system.

Ms. Kotchevar said they asked for a small amount of additional funding to pay for treatment costs. This is the first time that there has not been a waiting list for Early Intervention which has increased the treatment costs since all the services are being provided. Behavior treatment costs have increased significantly since they have hired BCBAs and behavior aids in the home. Mobile audiology has also been requested to be able to provide to families in the home.

Ms. Kotchevar also informed that there has been a request within the administrative budget for a Governor's Task Force for integrated employment. This is an area of concern for the transitional aged children to assist in the integrated employment situations.

Ms. Crandy asked if ADSD would be requesting additional funds to serve children with ASD in order to provide the Denver Model. Ms. Kotchevar said the treatment cost is not broken down based on diagnosis in the Early Intervention budget. It is based on historical services and projections since treatment is rendered prior to diagnosis.

Ms. Crandy asked if ADSD will be able to access the Medicaid funds for treatment provided by Early Intervention and for those that are medically fragile. Ms. Kotchevar said there is confusion as to Early Intervention and Community Partners. Community Partners are paid a flat rate per service plan per child. Medically fragile children stay with the state program and don't go to Community Partners. Medicaid will be billed for behavior therapy but there is a statute that does not allow for Early Intervention to bill private insurance.

Ms. Crandy asked if there is an additional stipend that is given to the rural region. Ms. Kotchevar said that Community Partners does not serve the rural area, only state employees do.

Ms. Crandy asked if the 1290 number would be additional children served for ATAP. Ms. Kotchevar said the 1290 is the total number of children that will be served. Children that are Medicaid eligible will be provided services through Medicaid and children that are not Medicaid eligible will be provided services through ATAP.

Ms. Crandy asked what the total number of children that would be served by Medicaid or ATAP. Ms. Kotchevar said it would be about 1800. Medicaid's projections are higher due to the fact their estimates are who they thought would qualify for the service. Ms. Crandy asked if the estimate would be close to 4,000 that would be served between Medicaid, ATAP and Early Intervention and Ms. Kotchevar said yes.

Ms. Altig asked of the \$25 million that is being requested, how much of it is direct services. Ms. Kotchevar said the majority of the money is direct services. There are not a lot of administrative costs tied to ATAP. Service coordination is considered a direct service. The average cost per child is \$1550 per month per child. \$150 goes to case management and the rest is treatment. All the administration overhead is spread across all of the programs within the division.

Ms. Crandy said she is happy with the budget. She is concerned with the monthly cost per child and does not believe that will be research levels of treatment. Ms. Kotchevar said Medicaid went higher with their estimated costs which are \$1770. It was the national average of behavior programs.

Ms. Kotchevar informed there is an additional opportunity to increase the cost per child which is called a True-Up in November. She is hoping for the opportunity to match Medicaid's cost per child so they are competitive.

Ms. Liveratti asked if ATAP and Medicaid's rates will be different for providers. Ms. Kotchevar said they are waiting to see what Medicaid's rates will be before determining ATAP's rates. Ms. Liveratti asked if there is a projection for how many providers will be needed in the state. Ms. Kotchevar said it has not been done and it is a concern.

Ms. Kotchevar said there are 84 BCBAs in the state of Nevada which is not enough to serve 4,000 children. They have been working with the universities to grow BCBAs in the state.

Ms. Crandy said it is more appropriate to serve children the number of hours that they need rather than serve more children. In the end it would be more cost effective increasing treatment hours to research-supported levels rather than serving more kids ineffectively. Ms. Kotchevar said it needs to be based on an assessment of their needs rather than an arbitrary rule. She went on to

say the legislature gave them the task of serving 50% of the children on the waitlist which was a hard number.

Ms. Crozier asked about the impact of the True-Up projection in November. Ms. Kotchevar said it depends on what the legislation says and how much they are willing to give. Ms. Crozier asked if there is any strategic planning on how many providers will be needed. Ms. Kotchevar said they are working on coming up with a number of providers. They are also waiting for what the qualifications are going to be by the Board of Psychological Examiners.

Ms. Crandy asked if there were any funds for training that were included in the budget. Ms. Kotchevar said there was not a request. Training budgets are difficult to acquire.

Ms. Altig asked what the estimate is for providers needed. Ms. Kotchevar said there is currently not a number that is available. The difficult part is that families use a varying number of paraprofessionals. Ms. Crandy said the state has done well with keeping the costs down for treatment due to using families as the employer.

Ms. Kotchevar said having families as the employer under Medicaid will change. Medicaid will not pay for the consumer-directed family-employer model. It is similar to how the in-home attendant care is done. The provider agency is required to pay all the employees.

Ms. Ward asked about the total number of hours that an employee can work for different state agencies. Ms. Kotchevar said all employees that work for different state agencies cannot work more than 40 hours per week since this will incur overtime where the state is the funder.

Ms. Ward asked when NEIS would be implementing the Denver Model. Ms. Kotchevar said they have been talking to the Mind Institute on how to get more staff trained at NEIS in the Denver Model. This will occur within the next few months. Ms. Crandy asked if the goal for the Denver Model is the full 25 hours or a watered-down version. Ms. Kotchevar said it will be implemented with fidelity and will be individualized.

Ms. Crandy asked if there has been ABA training for Early Intervention. Ms. Kotchevar said there has been training for ABA such as discrete trials as part of the program development team. She also added the reason ADSD chose to do the Denver Model is because it fits in better with the federal mandates for routine-based service that Early Intervention is governed by. Early Start Denver Model also helps to build the relationship between the family and the child.

Ms. Ward asked if the ATAP parent income limits will change. Ms. Kotchevar said ATAP does not have parent income limits but families that have a higher income are required to pay a co-payment.

Ms. Ostrovsky asked how much is going to be dedicated to integrated employment. Ms. Kotchevar said there hasn't been an amount decided on yet but the Governor just asked the Task Force to submit a report on what integrated employment should contain. She was unsure of the deadline.

Ms. Crandy said Department of Employment, Training and Rehabilitation (DETR) can be asked to submit a presentation on their budget to support autism and specialized training for their staff. Ms. Kotchevar said she agreed and she said they reported to have served 74 total people with autism last year.

VIII. Discussion and Possible Vote to Make Recommendations on Proposed Regulations by the Board of Psychological Examiners to Limit the Number of Staff a Licensed Board Certified Behavior Analyst (BCBA) May Supervise
Shannon Crozier, Commissioner

Ms. Crandy informed the Committee that she attended the meeting for the BCBA's and was disappointed on how the meeting transpired.

Ms. Crozier said she had a meeting with Michele Paul who sits on the Board of Psychological Examiners. She informed the Committee that there was discussion about the 14 Certified Autistic Behavior Interventionists (CABI) per BCBA rule. Ms. Crozier said that Michele Paul will recommend to the Board that each BCBA be permitted to supervise a maximum of 400 hours of therapy per week. This is more generous than the BACB Guidelines. They are open to shifting to Registered Behavioral Therapist (RBT) and moving away from CABIs if that is where the focus from ATAP and Medicaid will be. It will allow for a 30-client maximum caseload.

Ms. Crandy asked if the Board Certified Assistant Behavior Analyst (BCaBA) could have 30 clients as well. Ms. Crozier said she was unsure since BCaBAs need to be supervised by the BCBA's. Ms. Crozier said the Commission needs to look at the national guidelines and follow them.

Ms. Kotchevar said the insurance mandate does not require Medicaid to follow the same guidelines. Medicaid is not a private insurance and is not dictated by the particular statute of the NRS.

Ms. Crandy asked if a licensed BCBA can do other cases that are not insurance cases. Ms. Crozier said they are licensed by the same guidelines regardless of who the payer is. Ms. Kotchevar said Medicaid will establish particular guidelines and qualifications and quality assurance measures.

Ms. Crozier said that BCBAs carry mixed cases of clients and that is why a maximum number of hours guideline works better than a maximum number of clients guideline. Ms. Crandy said BCaBAs are carrying their own caseload and the BCaBAs are being supervised by BCBAs. Ms. Crozier said the Commission needs to differ to the national guidelines.

Ms. Kotchevar asked if the 400 hours included other tasks such as report writing. Ms. Crandy said the 400 hours is direct service and would be problematic if BCBAs need to supervise BCaBA's children's direct hours.

The Commission consulted with the BACB guidelines. Ms. Crandy read from the guidelines which stated "The average caseload for one Behavior Analyst supervising focused treatment with the support of one BCaBA is 16 to 24." She also read, "In addition, it is expected that the Behavior Analyst would provide direct supervision 2-4 times a month."

Ms. Crozier said the Commission should ask the Board for clarification. The national model does not show BCBAs supervising large teams of BCaBAs. Ms. Crandy said she is worried about the manpower in Nevada and accessibility of treatment for families.

There was discussion on the amount of clients a BCBA with BCaBA working under them is allowed to supervise. Ms. Crandy said Nevada doesn't have the manpower but the Guidelines are the gold standard.

Ms. Crozier said she will consult with Michele Paul to address the issue with the BCBAs. She suggested doing a tiered model with BCaBAs and BCBAs. The Board of Psychological Examiners is meeting on November 7th to discuss their regulations. BCaBAs need to also carry a caseload. The Commission supports treatment fidelity but they have to ensure that families have access to treatment and recognize the limited workforce that is available. The current supervision is working.

Ms. Kotchevar said there has not been a measurement of outcomes across providers. The concern is what will happen when someone does not provide effective treatment. There is also a concern that there will be popup providers chasing the increase in funding. There needs to be guidelines on how to measure and monitor treatment services.

Ms. Crozier acknowledged the lack of providers. The State needs to grow and train the providers. There needs to be guidelines in place to protect the children and families and meet the growing demands.

There may be large national companies coming to Nevada to provide treatment without being onsite and being knowledgeable over what is happening in the home.

Ms. Altig said there is no good way of measuring fidelity of treatment implementation. Telemedicine is very different than treatment of 30 to 40 hours of ABA in the home.

Ms. Crandy suggested BCBAs see the clients that BCaBAs oversee once every six months. Ms. Crozier worried about the popup providers taking advantage and softening the rules.

Ms. Crandy said the Commission needs to talk to the national board regarding how many BCaBAs can be under BCBAs.

Ms. Crozier said it isn't about setting a recommendation that we hope BCBAs will adhere to. This is saying these are the terms under which they are permitted to hold their certification. They can't set up a system to get BCBAs to violate their national board certification and is going to compromise their workforce.

Ms. Crandy said the Commission should endorse the Guidelines. They should ask insurance companies to pay at the levels stated and it should be forwarded to legislation. Ms. Crozier said the guidelines specify the maximum caseload for a BCBA is 12. So having a BCaBA work under a BCBA, it allows a BCBA to supervise 24 to 30.

Ms. Crandy said she is concerned with the amount insurance will fund. There needs to be guidelines for funding supports.

Ms. Kotchevar said this is a national standard and if we didn't adapt it, the state will not get quality people. She did some calculations that showed the state would need 133 professionals in order to serve 4,000 children. Ms. Crozier said if the 24 maximum client caseload is used, 166 people would be needed to serve 4,000 children.

Ms. Ward asked how many BCBAs that ATAP contracts with. Ms. Kotchevar said there are about 25 providers and not all are individual BCBAs.

Ms. Crandy suggested writing a letter to the Board of Psychological Examiners to utilize the BACB guidelines for the state. Ms. Liveratti stated the letter should state the Commission has adopted and support the guidelines from the national board and the Commission would like the Board to be consistent with the national guidelines. Ms. Crozier added that the Commission should specifically direct the Board to the caseload recommendation section of the guidelines.

Ms. Liveratti made a motion to ask the Board of Psychological Examiners to adopt the BACB national guidelines as their regulations. Ms. Altig seconded the motion. The motion passed.

IX. Public Comment

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

Ms. Crandy informed the Committee that the Steering Committee meeting will be on October 29th which is an all-day event. She also told everyone that the Early Childhood meeting is scheduled for November 22 and it will be a presentation by the Marcus Autism Center.

X. Adjournment

Ms. Crandy adjourned the meeting at 11:53 a.m.